This form may be completed online and mailed to the address listed in the Contact Information on the web page.

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM
DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

FAMILY CHILD CARE HOME II APPLICATION

☐ Initial
☐ Renewal
☐ Amend
(Decribe_____)

Name of Facility		Primary Provider	
Address	City	County	Zip Code
Telephone Number of Facility	Days of Operation ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ S ☐ Su		

Number of Children _____

Age Range of Children _____ to _____

Hours of Care

_____ a.m. to _____ p.m. and/or _____ p.m. to _____ a.m.

Staff Members (Staff Members and Household Members should list previous names or aliases, and/or maiden name if applicable.)	Date of Birth	Social Security Number	Work Schedule (days and hours)
Primary Provider:			
Secondary Providers:			

HOUSEHOLD MEMBERS AND ALL PROVIDERS' CHILDREN

Name	Date of Birth	Social Security Number	Relationship to Primary Provider

I give the Health and Human Services System staff permission to check my name and the names of all household members, secondary providers, substitutes and volunteers age 13 and older with the Nebraska Child Abuse and Neglect Registry.

I give the Health and Human Services System staff permission to check my name and the names of all household members, secondary providers, substitutes and volunteers age 18 and older with the Nebraska Adult Protective Services Central Registry.

I understand that the Health and Human Services System Licensing staff may take photographs of the areas of my facility designated for child care.

I understand that Health and Human Services System Licensing staff may release specific requested information concerning my licensing file to the public upon written or verbal request.

SIGN HERE _____ **DATE** _____